

REQUEST FOR APPROVAL OF NEW OR REVISED REPORTING REQUIREMENT		DATE OF REQUEST		
TO:				
THROUGH:				
1. PERSON TO CONTACT REGARDING REPORT	NAME	ROOM NO.	BUILDING	PHONE
2. TITLE OF REPORT AND REPORTS CONTROL SYMBOL IF ONE HAS BEEN ASSIGNED				
3. TYPE OF REPORTING REQUIREMENT	4. IF REVISED, STATE NATURE OF REVISION			
<input type="checkbox"/> NEW				
<input checked="" type="checkbox"/> REVISED				
5. LIST ANY REPORTS TO BE SUPERSEDED BY THIS NEW OR REVISED REPORTING REQUIREMENT		6. PROPOSED DURATION OF REPORT		
		<input type="checkbox"/> INDEFINITE <input type="checkbox"/> TEMPORARY (<i>Indicate period</i>)		
7. CITE DIRECTIVES, AUTHORITIES OR INSTRUCTIONS ORIGINATED BY YOUR IMMEDIATE ORGANIZATIONAL ELEMENT WHICH REQUIRE THIS REPORT				
8. CITE OTHER CURRENT DIRECTIVES, AUTHORITIES OR INSTRUCTIONS AFFECTING THE REPORT				
9. REPORT FORMAT (<i>Form no., memo, machine tabulation, etc.</i>)	10. REPORTING FREQUENCY (<i>Daily, weekly, monthly, as situations occur, etc.</i>)	11. DATE REPORT IS DUE IN YOUR OFFICE		
12. DESCRIBE SUPPORTING MATERIAL TO BE SUBMITTED WITH REPORT				
13. ACTIVITIES OR COMPONENTS REQUIRED TO SUBMIT THIS REPORT		14. DISTRIBUTION OF REPORT		
		<input type="checkbox"/> ORIGINAL		
		<input type="checkbox"/> COPIES		
MOR/CDF				

15. DETAILED NEED FOR AND USE OF THIS REPORT (Include a statement of how your program or operations would be affected if the information you desire was not furnished.)

CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEFS OF COMPONENTS

RECOMMENDATIONS

CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE

RECOMMENDATIONS

CONTINUED ON SEPARATE SHEET

DATE	TITLE	SIGNATURE
RETURNED APPROVED	REPORTS CONTROL SYMBOL ASSIGNED	DATE
RETURNED DISAPPROVED	TITLE	SIGNATURE
COMMENTS ARE ATTACHED		